

# Certificate of Need Application

December 10, 2009

Project No. 4442 RS

Bethesda Southgate

Establish 18-bed ALF

Submitted to:

Missouri Health Facilities Review Committee



Certificate of Need Program

**NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION\***

Applicant's Completeness Checklist and Table of Contents

Project Name Bethesda Southgate

No. 4442 RS

Project Description Establish 18 bed ALF

Done Page N/A Description of CON Rulebook Contents

**Divider I. Application Summary:**

- ☒ 1,2 ☐ 1. Applicant Identification and Certification (Form MO 580-1861).  
☒ 1,3-4 ☐ 2. Representative Registration (Form MO 580-1869).  
☒ 1,5-6 ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

**Divider II. Proposal Description:**

- ☒ 7 ☐ 1. Provide a complete detailed project description.  
☒ 8,11 ☐ 2. Provide a legible city or county map showing the exact location of the proposed facility.  
☒ 8,12 ☐ 3. Provide a site plan for the proposed project.  
☒ 8,13-14 ☐ 4. Provide preliminary schematic drawings for the proposed project.  
☒ 8,15 ☐ 5. Provide evidence that architectural plans have been submitted to the DHSS.  
☒ 8 ☐ 6. Provide the proposed gross square footage.  
☒ 8,16-17 ☐ 7. Document ownership of the project site, or provide an option to purchase.  
☒ 8 ☐ 8. Define the community to be served.  
☒ 8,18-23 ☐ 9. Provide 2015 population projections for the 15-mile radius service area.  
☒ 8-9 ☐ 10. Identify specific community problems or unmet needs the proposal would address.  
☒ 9 ☐ 11. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new LTC beds.  
☒ 9 ☐ 12. Provide the methods and assumptions used to project utilization.  
☒ 9,10,24 ☐ 13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.  
☒ 10,25-43 ☐ 14. Provide copies of any petitions, letters of support or opposition received.

**Divider III. Service Specific Criteria and Standards:**

- ☐ — ☒ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.  
☒ 44-46 ☐ 2. For RCF/ALF beds, address the population-based bed need methodology of sixteen (16) beds per one thousand (1,000) population age sixty-five (65) and older.  
☐ — ☒ 3. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.  
☐ — ☒ 4. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.

**Divider IV. Financial Feasibility Review Criteria & Standards:**

- ☒ 47 ☐ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".  
☒ 47,48 ☐ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.  
☒ 47,49 ☐ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) years beyond project completion.  
☒ 47 ☐ 4. Document how patient charges were derived.  
☒ 47,50-55 ☐ 5. Document responsiveness to the needs of the medically indigent.

\* Use for RCF/ALF, ICF/SNF and LTCH beds

**Divider I. Application Summary**

**1. Applicant Identification and Certification (Form MO 580-1861)**

Attached.

**2. Representative Registration (Form MO 580-1869)**

Attached.

**3. Proposed Project Budget (Form MO 580-1863) and detail sheet.**

Attached.



## Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

(must match the **Letter of Intent** for this project, without exception)

### 1. Project Location (attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Bethesda Southgate Assisted Living Addition	Project Number 4442 NS
Project Address (Street/City/State/Zip Code) 5943 Telegraph Road Oakville, MO 63129-4715	County St. Louis

### 2. Applicant Identification (information must agree with previously submitted Letter of Intent)

List All Owner(s): <small>(list corporate entity)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Bethesda Long Term Care, Inc. +	1630 Des Peres Road St. Louis, MO 63131 +	314-800-1900

List All Operator(s): <small>(list entity to be licensed or certified)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Bethesda Long Term Care, Inc. d/b/a Bethesda +	1630 Des Peres Road St. Louis, MO 63131 +	314-800-1900
Southgate		

### 3. Ownership (Check applicable category)

<input checked="" type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> City	<input type="checkbox"/> District
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County	<input type="checkbox"/> Other: _____

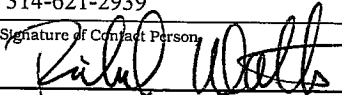
### 4. Certification:

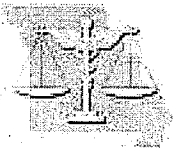
In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:

### 5. Authorized Contact Person (attach a Contact Person Correction Form if different from the Letter of Intent)

Name of Contact Person Richard D. Watters	Title Attorney	
Telephone Number 314-621-2939 +	Fax Number 314-621-6844 +	E-mail Address rdwatters@lashlybaer.com +
Signature of Contact Person 		Date of Signature 12/16/09



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**(A registration form must be completed for **each** project represented)

Project Name Bethesda Southgate Assisted Living Addition		Number 4442 RS																		
(Please type or print legibly)																				
Name of Representative Margaret C. Scavotto		Title Attorney																		
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lashly & Baer, PC		Telephone Number 314-621-2939																		
Address (Street/City/State/Zip Code) 714 Locust St. Louis, MO 63101																				
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)																				
Name of Individual/Agency/Corporation/Organization being Represented Bethesda Long Term Care, Inc.		Telephone Number 314-800-1900																		
Address (Street/City/State/Zip Code) 1630 Des Peres Road St. Louis, MO 63131																				
<table border="0"><tr><td>Check one. Do you:</td><td>Relationship to Project:</td></tr><tr><td><input checked="" type="checkbox"/> Support</td><td><input type="checkbox"/> None</td></tr><tr><td><input type="checkbox"/> Oppose</td><td><input type="checkbox"/> Employee</td></tr><tr><td><input type="checkbox"/> Neutral</td><td><input checked="" type="checkbox"/> Legal Counsel</td></tr><tr><td></td><td><input type="checkbox"/> Consultant</td></tr><tr><td></td><td><input type="checkbox"/> Lobbyist</td></tr><tr><td></td><td><input type="checkbox"/> Other (explain):</td></tr><tr><td colspan="2"><hr/></td></tr><tr><td colspan="2"><hr/></td></tr></table>			Check one. Do you:	Relationship to Project:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None	<input type="checkbox"/> Oppose	<input type="checkbox"/> Employee	<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Legal Counsel		<input type="checkbox"/> Consultant		<input type="checkbox"/> Lobbyist		<input type="checkbox"/> Other (explain):	<hr/>		<hr/>	
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	<input type="checkbox"/> Other (explain):																			
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<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in §105.478, RSMo.</p>																				
Original Signature 		Date 14 Dec. 2009																		

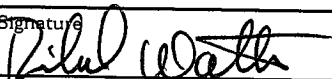
MO 580-1869 (11-01)



## Certificate of Need Program

## REPRESENTATIVE REGISTRATION

(A registration form must be completed for **each** project represented)

Project Name Bethesda Southgate Assisted Living Addition		Number 4442 RS																				
(Please type or print legibly)																						
Name of Representative Richard D. Watters		Title Attorney																				
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lashly & Baer, PC		Telephone Number 314-621-2939																				
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Original Signature 		Date 12/16/09																				



## Certificate of Need Program

**PROPOSED PROJECT BUDGET**

<u>Description</u>	<u>Dollars</u>
<b>COSTS:*</b>	
1. New Construction Costs ***	\$2,282,000
2. Renovation Costs ***	0
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$2,282,000</b>
4. Architectural/Engineering Fees	\$150,000
5. Other Equipment (not in construction contract)	100,000
6. Major Medical Equipment	0
7. Land Acquisition Costs ***	0
8. Consultants' Fees/Legal Fees ***	10,000
9. Interest During Construction (net of interest earned) ***	0
10. Other Costs ****	0
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$260,000</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$2,542,000 **</b>
<b>FINANCING:</b>	
13. Unrestricted Funds	\$2,542,000
14. Bonds	0
15. Loans	0
16. Other Methods (specify)	0
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$2,542,000 **</b>
18. New Construction Total Square Footage	12,780
19. New Construction Costs Per Square Foot *****	199
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	0

\* Attach additional page(s) to provide details of how each line item was determined, including all methods and assumptions used.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

### **Proposed Project Budget Detail Sheet**

1. New Construction Costs. \$2,264,000 represents the total new construction costs of the approximately 12,780 square foot, 18-bed assisted living project.
4. Architectural/Engineering Fees. \$150,000 represents all architectural, mechanical, electrical, plumbing, and civil engineering fees.
5. Other Equipment. \$100,000 will be used to purchase furniture, fixtures, and equipment.
8. Consultants' Fees/Legal Fees. \$10,000 includes legal fees paid for contractual review and development, and owner representative construction management.

## **Divider II. Proposal Description**

### **1. Provide a complete detailed project description.**

Bethesda Long Term Care, Inc. d/b/a Bethesda Southgate is located at 5943 Telegraph Road in the city of Oakville and is bordered by the neighboring communities of Mehlville, Arnold, and Fenton. It has operated as a skilled nursing facility since the 1960's, and its parent organization, Bethesda Health Group, Inc., was established in 1889. The Oakville campus comprises Bethesda Southgate (a skilled nursing facility), and Bethesda Terrace (an independent living community).

Applicant proposes to construct an 18-bed assisted living facility on the Oakville campus. The facility will feature 18 private rooms, with dining, activity and common areas, and will include state-of-the-art equipment and furnishings. This facility shall serve those in the St Louis area who are in need of assistance with activities of daily living; assistance with the storage, distribution, or administration of medications; and/or supervision of their health care in a social setting, as opposed to a medical model. The following services and activities will be provided:

- On-going RN assessment
- Twenty-four hour care/supervision
- Memory Care
- Medication management
- Grooming & Dressing
- Assistance in obtaining foot care/Vision and dental services
- Bathing & Hygiene, if needed
- Nutritious Meals & snacks
- Special dietary needs, if indicated
- Planned Activities & Outings
- Laundry & linen service
- Housekeeping

Applicant's assisted living service will also offer memory care to residents with cognitive impairment such as Alzheimer's disease. Applicant decided to offer memory care because projections indicate that Alzheimer's populations will double every twenty years. Currently there are over 35.6 million people with Alzheimer's, and this number is expected to grow to more than 65 million by 2030. The addition of an assisted living service at Bethesda Southgate will help Applicant meet the needs of individuals living with Alzheimer's in south Saint Louis County.

The addition of assisted living services to Bethesda Southgate, with the addition of an adult day care program on-site, will create a complete Continuing Care Retirement Community within this campus. Seniors will be able to progress from independent living to assisted living to skilled care (if required), with all levels of care available on one campus. Residents will be able to live as independently as possible—with the next level of care available if they need it. Spouses who require different levels of care will be able to live near one another, and residents will be able to increase their level of care without moving away from their friends and community.

**2. Provide a legible city or county map showing the exact location of the proposed facility.**

Attached.

**3. Provide a site plan for the proposed project.**

Attached.

**4. Provide preliminary schematic drawings for the proposed project.**

Attached.

**5. Provide evidence that architectural plans have been submitted to the DHSS.**

Please see attached letter from Dennis D. Smith, Consulting Engineer for the Missouri Department of Health and Senior Services, acknowledging receipt of the preliminary architectural plans.

**6. Provide the proposed gross square footage.**

The proposed square footage of the assisted living project is 12,780.

**7. Document ownership of the project site, or provide an option to purchase.**

See attached General Warranty Deed.

**8. Define the community to be served.**

With a South County location in the center of the neighboring communities of Mehlville, Fenton, and Arnold, this project will serve residents from those communities, as well as the surrounding communities of Saint Louis and Jefferson Counties. While many inquiries for assisted living services come from Applicant's Bethesda Terrace independent living community, inquiries also come from the surrounding communities. Applicant also expects to serve individuals who are on a waiting list for assisted living services at Applicant's Bethesda Charless facility.

**9. Provide 2015 population projections for the 15 mile service area.**

See attached.

**10. Identify specific community problems or unmet needs the proposal would address.**

Adding an assisted living facility to the Southgate campus will allow current and potential residents to stay on one campus as their health care needs progress. Bethesda Terrace, Applicant's independent living community, has 148 units and is currently 95% occupied. As individuals in independent living require more care, they will be able to move to assisted living (and later to skilled nursing, if required) without having to leave

their neighborhood. One important benefit of this continuing care retirement center model is that residents do not have to leave their neighborhood, or make new friends, every time their medical needs change.

In addition, there is a need for assisted living services in south suburban Saint Louis. See letter of support from Janis McGillick, MA, LNHA, Education Director for the Alzheimer's Association—St. Louis Chapter. There is only one other licensed assisted living facility in 63129. In the surrounding zip codes (63125, 63128, 63010, 63123, 63052), there are no existing assisted living facilities—and only one “approved” facility, almost 10 miles away. This project will provide assisted living services to the south county area, where this service is greatly needed.

Finally, the addition of assisted living facilities to Bethesda Southgate will allow Applicant to serve individuals who are on a waiting list to receive assisted living services at Charless Home, Applicant's assisted living facility in Saint Louis City. Charless Home has 16 assisted living beds, and a waiting list of 2 to 6 potential residents at any given time. Individuals who want to receive assisted living care from Applicant will be able to do so at Bethesda Southgate.

**11. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation.**

**Historical utilization**

(not applicable)

**Projected utilization**

FY 2011	FY 2012	FY 2013
1,095	3,285	5,256

**12. Provide the methods and assumptions used to project utilization.**

Projected utilization is based on the following assumptions: 1) the first year will have 17% occupancy; 2) the second year will have 50% occupancy; and 3) the third year will have 80% occupancy.

**13. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**

Applicant considered input from resident and family surveys, outside consultants, and staff. This input revealed a need to transition residents between independent living and skilled nursing, with assisted living care. This input also revealed a consumer preference for private rooms and up-to-date furnishings.

A notice of this project was also published in the Suburban Journals. A copy of this notice is attached.

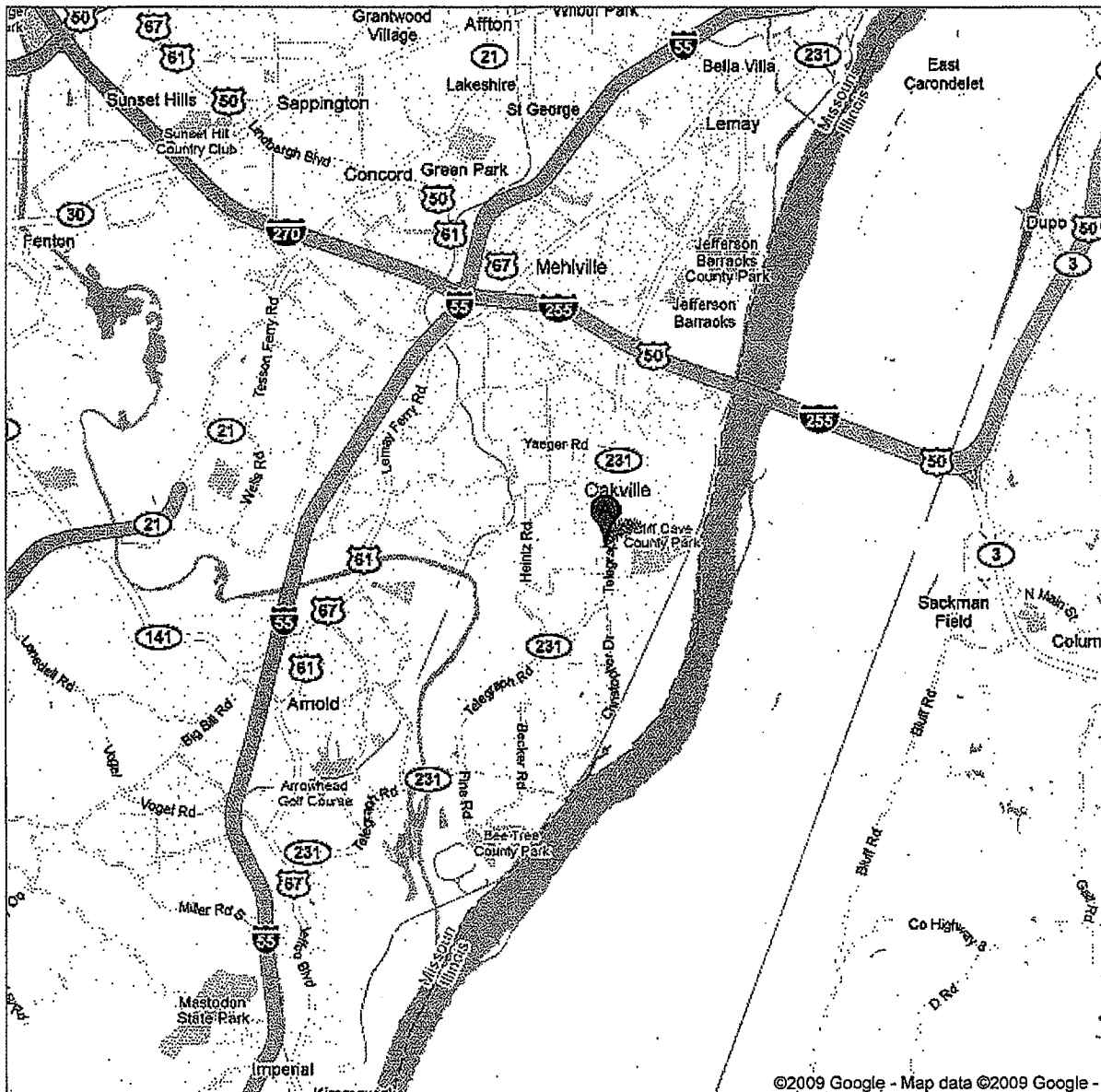
**14. Provide copies of any petitions, letters of support or opposition received.**

Attached. Additional letters will be forwarded when received.

Google maps

Address 5943 Telegraph Rd  
St Louis, MO 63129

Get Google Maps on your phone  
Text the word "GMAPS" to 466453



9 Sunset Drive, Suite 110  
BLAUG, 34501 63143  
Fax: 314.546.0100  
Telephone: 314.546.0400  
[www.graydci.org/group.htm](http://www.graydci.org/group.htm)

BETHESDA HEALTH GROUP  
SOUTHGATE EXPANSION  
55943 Telegraph Road Saint Louis, Missouri 63120



gray.

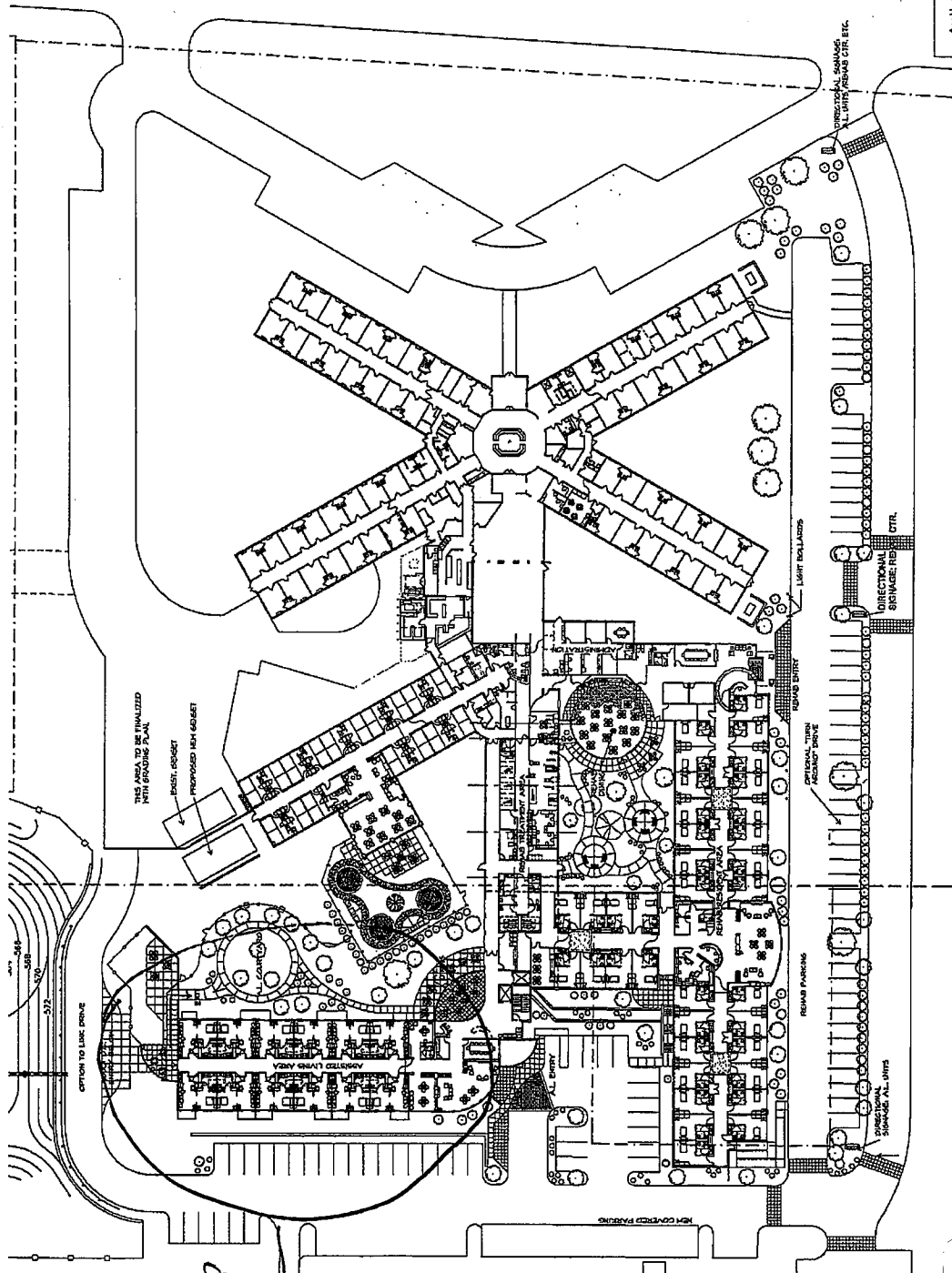
NOT FOR CONSTRUCTION A1

### AREA LEGEND

REHAB RESIDENT AREA 24,501 S.F.	REHAB TREATMENT AREA 2,506 S.F.	ASSOCIATED LIVING AREA 12,744 S.F. WARDEN/ 1,001 S.F. LONER	SERVICE AREA 1,318 S.F.	ADMINISTRATION OFFICE 1,546 S.F.	BUILDINGS TOTAL: 59,971 S.F.
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**Authorization Block**

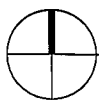
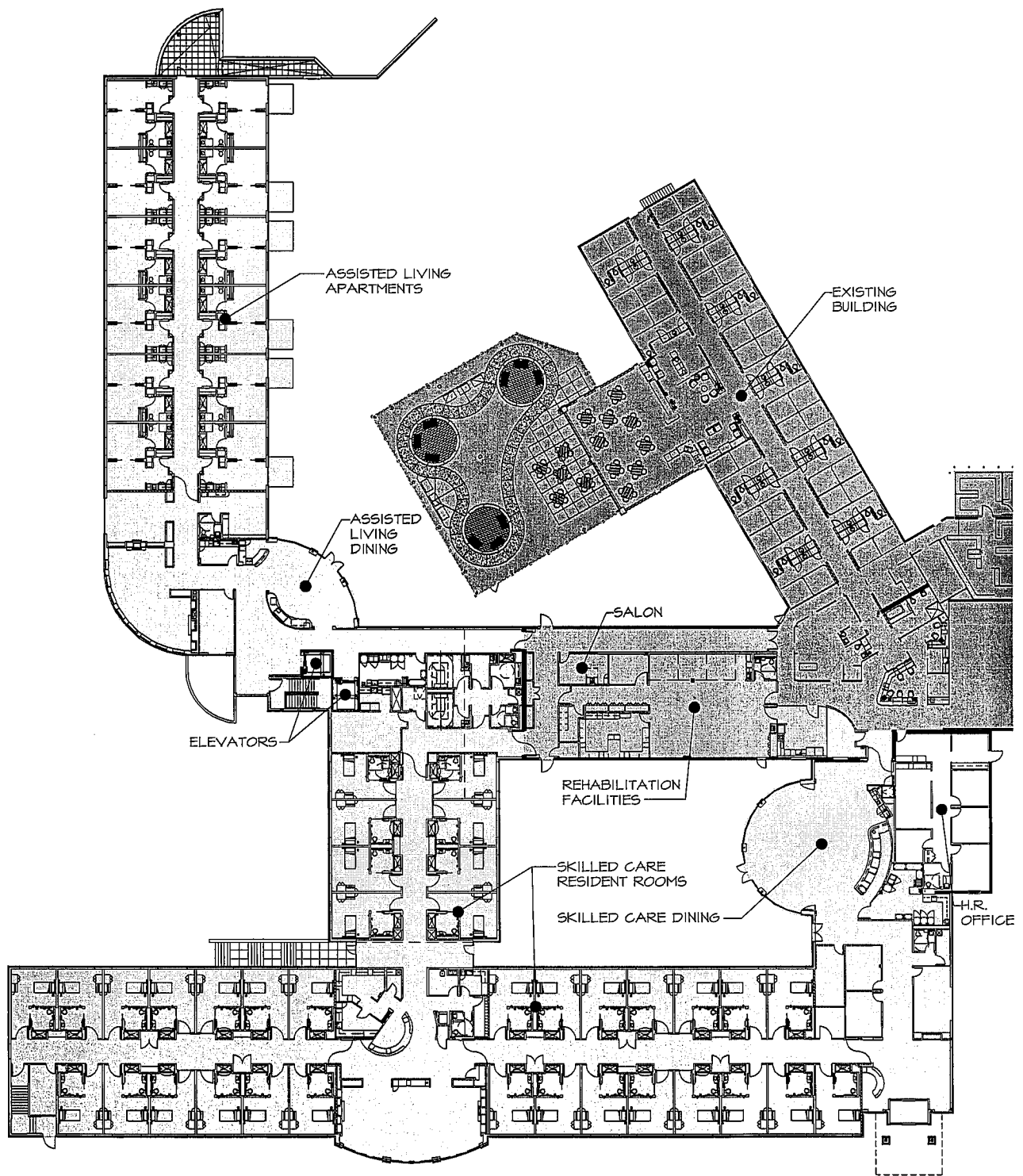
signature below acknowledges review and approval of this preliminary plan. Comments and changes to this plan are subject to the Bathurst Project Manager's approval and may result in additional architectural fees.



# SITE MASTER PLAN

41-7115

ASSISTED  
LIVING  
BEDS



# MAIN LEVEL PRICING BREAKOUT PLAN

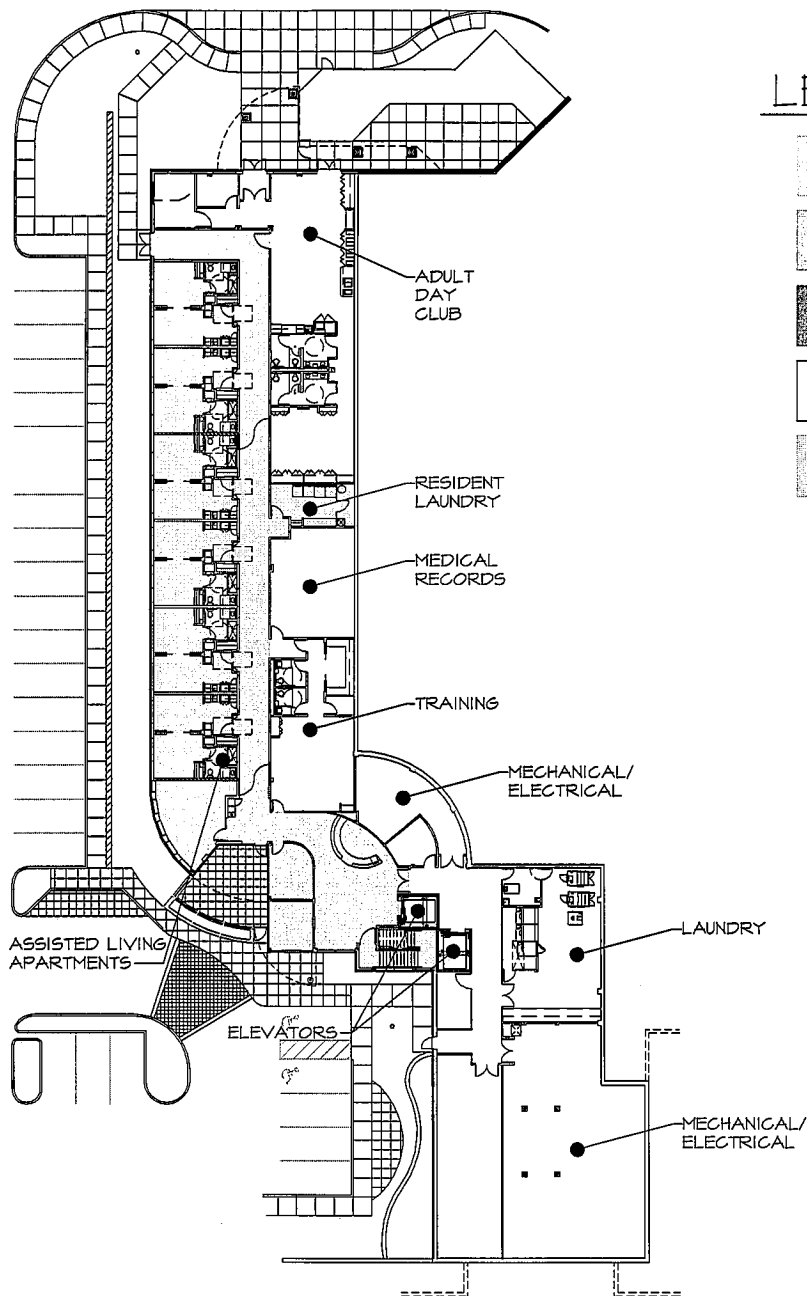
SCALE: 1/32" = 1'-0"

NOTE:  
SEE PBP-A2  
FOR LEGEND

Project Name	Bethesda Southgate	Drawing	PBP-A1
Project No.	270108232.00	Date	10.28.09
Description	Pricing Breakout Plan	Revisions	.

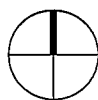
**gray**

© Copyright 2009, Gray



## LEGEND

	ASSISTED LIVING FACILITY
	SKILLED NURSING FACILITY
	REHABILITATION FACILITY
	NON SUBSTANTIVE
	EXISTING BUILDING (N.I.C.)



## LOWER LEVEL PRICING BREAKOUT PLAN

SCALE: 1/32" = 1'-0"

14

Project Name	Bethesda Southgate	Drawing	PBP-A2
Project No.	270108232.00	Date	10.28.09
Description	Pricing Breakout Plan	Revisions	.

**gray**

© Copyright 2009, Gray Design Group, Inc.



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly  
Director



Jeremiah W. (Jay) Nixon  
Governor

September 22, 2009

Major Don J. Cognata  
Bethesda Health Group, Inc.  
1630 Des Peres Road, Suite 290  
St. Louis, MO 63131-1800

RE: New Building, 12 New Beds Skilled, 18 New Beds Assisted  
Southgate  
St. Louis, MO  
NH-2280

Dear Mr. Cognata:

Preliminary drawings were reviewed in this office on September 16, 2009. The following items should be considered when developing final plans:

1. Verify that all smoke compartments are less than 150 foot long in either direction.
2. One window in each bedroom to be operable.
3. Provide one hand sink and one toilet per 10 participants. This facility will have 25 participants; therefore, an additional hand sink will be required.
4. Exterior walls less than 30 feet from an adjacent building will have a 2-hour fire wall, or the wall is one-hour rated and provided with sprinkler protection for each window.

Sincerely,

Dennis D. Smith  
Consulting Engineer

cc: Mary Collier, Region 7  
Al Poelker, Bethesda Health Group, Inc., 1630 Des Peres Road, Suite 290, St. Louis, MO  
63131-1800

[www.dhss.mo.gov](http://www.dhss.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

## GENERAL WARRANTY DEED

THIS DEED, made and entered into this 22 day of JUNE, 2001, by and between

BETHESDA HEALTH GROUP, INC., a Missouri not for profit corporation,

of the County of St. Louis, State of Missouri, party of the first part, and

BETHESDA LONG TERM CARE, INC., a Missouri not for profit corporation,

whose post office address is 1630 Des Peres Road, Suite 290, St. Louis, Missouri 63131

of the County of St. Louis, State of Missouri, party of the second part.

Witnesseth, that the said of the first part, for and in consideration of the sum of One Dollar and other valuable considerations paid by the said party of the second part, the receipt of which is hereby acknowledged, does by these presents Grant, Bargain and Sell, Convey and Confirm unto the said party of the second part, the following described Real Estate, situated in the County of St. Louis and State of Missouri, to-wit:

Parcels 1 and 2 of the resubdivision of Southgate, according to the plat thereof recorded in plat book 225 page 76 of the St. Louis County, Missouri, records. ✓

Together with all buildings, improvements, fixtures and other real property located thereon, together with the easements, rights-of-way, rights of access, tenements, hereditaments, appurtenances, rights, privileges and immunities thereto belonging or appertaining, together with all after-acquired property and any replacements, substitutions or additions of any kind whatsoever, including all right, title and interest of the party of the first part in and to any streets or ways adjoining said premises.

Subject to easements, conditions, and restrictions of record, if any.

To Have and to Hold the same, together with all rights and appurtenances to the same belonging, unto the said party of the second part, and to its successors and assigns forever. The said party of the first part hereby covenanting that it and its successors and assigns shall and will Warrant and Defend the title to the premises unto the said of the second part, and to its successors and assigns forever against the lawful claims of all persons whomsoever, excepting, however, the general taxes for the calendar year 2001 and thereafter, and the special taxes becoming a lien after the date of this deed.

In Witness Whereof, the said party of the first part has hereunto set its hand the day and year first above written.

BETHESDA HEALTH GROUP, INC.

By:   
John W. Rowe, President

STATE OF MISSOURI

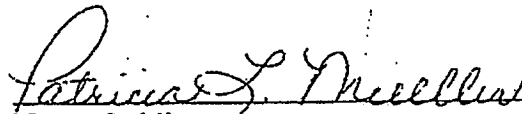
)  
)SS.

COUNTY OF ST. LOUIS

)

On this 22 day of June, 2001, before me, a Notary Public, personally appeared John W. Rowe, to me known to be the President of Bethesda Health Group, Inc., and who executed the foregoing in my presence and who acknowledged that his execution thereof was authorized by the Board of Directors of said corporation and that he executed the same for and on behalf of the corporation for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

  
Notary Public

My Commission Expires:

<p>PATRICIA L. MUELLER Notary Public - Notary Seal STATE OF MISSOURI Franklin County My Commission Expires: Feb. 22, 2005</p>
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# Bethesda Southgate Oakville (63129)

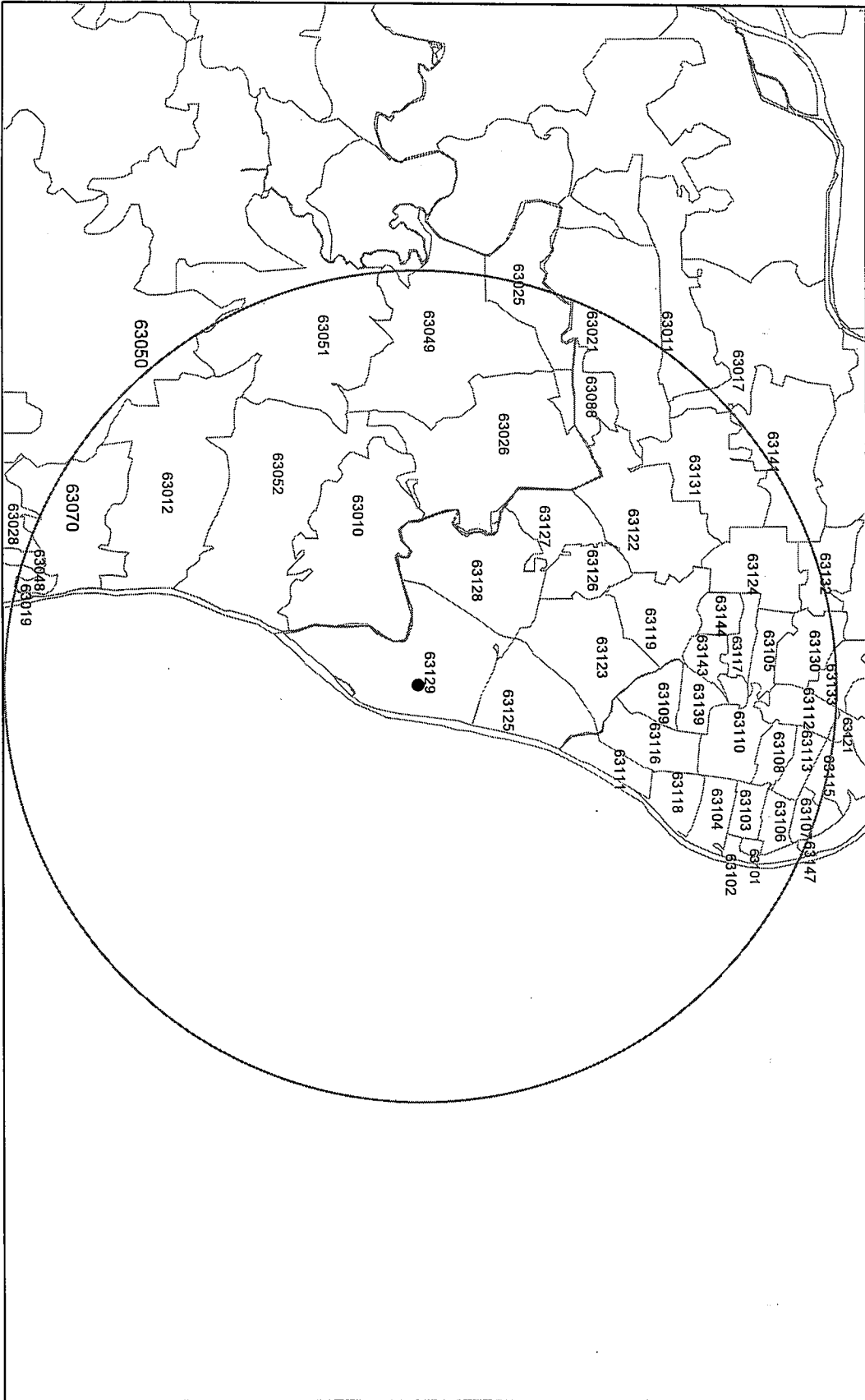
Zip Code	15-mile Effect	Total 65+ Zip pop	Cities in overlap in/out of radius	Overlap City pop	Zip Pop WO Cities	% Area Inside	Inside pop WO Cities	City Pop Inside	Total pop Inside
63010	inside	5,713			5,713	100%	5,713		5,713
63011	overlap	6,109			6,109	10%	611		611
63012	inside	957			957	100%	957		957
63017	overlap	8,646			8,646	10%	865		865
63019	overlap	955			955	10%	96		96
63021	overlap	5,133			5,133	50%	2,567		2,567
63025	overlap	1,311			1,311	50%	656		656
63026	inside	3,607			3,607	100%	3,607		3,607
63028	outside	4,843			4,843	0%			-
63048	overlap	917	Herculaneum (80% in)	864	53	60%	32	864	896
63049	overlap	1,511	Byrnesmill (70% in)/Pkland (in)	276	1,235	90%	1,112	276	1,388
63050	overlap	1,826	Hillsboro (out)	276	1,550	10%	155		155
63051	overlap	1,552	Scotsdale (out)	20	1,532	70%	1,072		1,072
63052	inside	2,054	Kimmswick (in)	20	2,034	100%	2,034	20	2,054
63070	overlap	871	Pevely		871	80%	697		697
63088	inside	1,266			1,266	100%	1,266		1,266
63101	inside	348			348	100%	348		348
63102	inside	183			183	100%	183		183
63103	inside	727			727	100%	727		727
63104	inside	1,412			1,412	100%	1,412		1,412
63105	inside	2,130			2,130	100%	2,130		2,130
63106	inside	722			722	100%	722		722
63107	overlap	1,211			1,211	50%	606		606
63108	inside	3,089			3,089	100%	3,089		3,089
63109	inside	5,404			5,404	100%	5,404		5,404
63110	inside	1,707			1,707	100%	1,707		1,707
63111	inside	3,062			3,062	100%	3,062		3,062
63112	inside	2,290			2,290	100%	2,290		2,290
63113	inside	1,746			1,746	100%	1,746		1,746
63115	overlap	3,655			3,655	40%	1,462		1,462
63116	inside	6,282			6,282	100%	6,282		6,282
63117	inside	1,473			1,473	100%	1,473		1,473
63118	inside	2,342			2,342	100%	2,342		2,342
63119	inside	7,187			7,187	100%	7,187		7,187

Bethesda Southgate Oakville (63129)

63120	outside	1,128				1,128	0%	-		-
63122	inside	7,763				7,763	100%	7,763		7,763
63123	inside	11,994				11,994	100%	11,994		11,994
63124	inside	2,880				2,880	100%	2,880		2,880
63125	inside	7,005				7,005	100%	7,005		7,005
63126	inside	3,676				3,676	100%	3,676		3,676
63127	inside	1,222				1,222	100%	1,222		1,222
63128	inside	6,802				6,802	100%	6,802		6,802
63129	inside	6,804				6,804	100%	6,804		6,804
63130	overlap	4,014				4,014	90%	3,613		3,613
63131	inside	3,100				3,100	100%	3,100		3,100
63132	overlap	2,171				2,171	40%	868		868
63133	overlap	743				743	40%	297		297
63139	inside	3,823				3,823	100%	3,823		3,823
63141	overlap	4,013				4,013	20%	803		803
63143	inside	1,028				1,028	100%	1,028		1,028
63144	inside	1,315				1,315	100%	1,315		1,315
63147	overlap	1,650				1,650	40%	660		660
<b>Total</b>		<b>163,372</b>				<b>163,372</b>				<b>128,422</b>

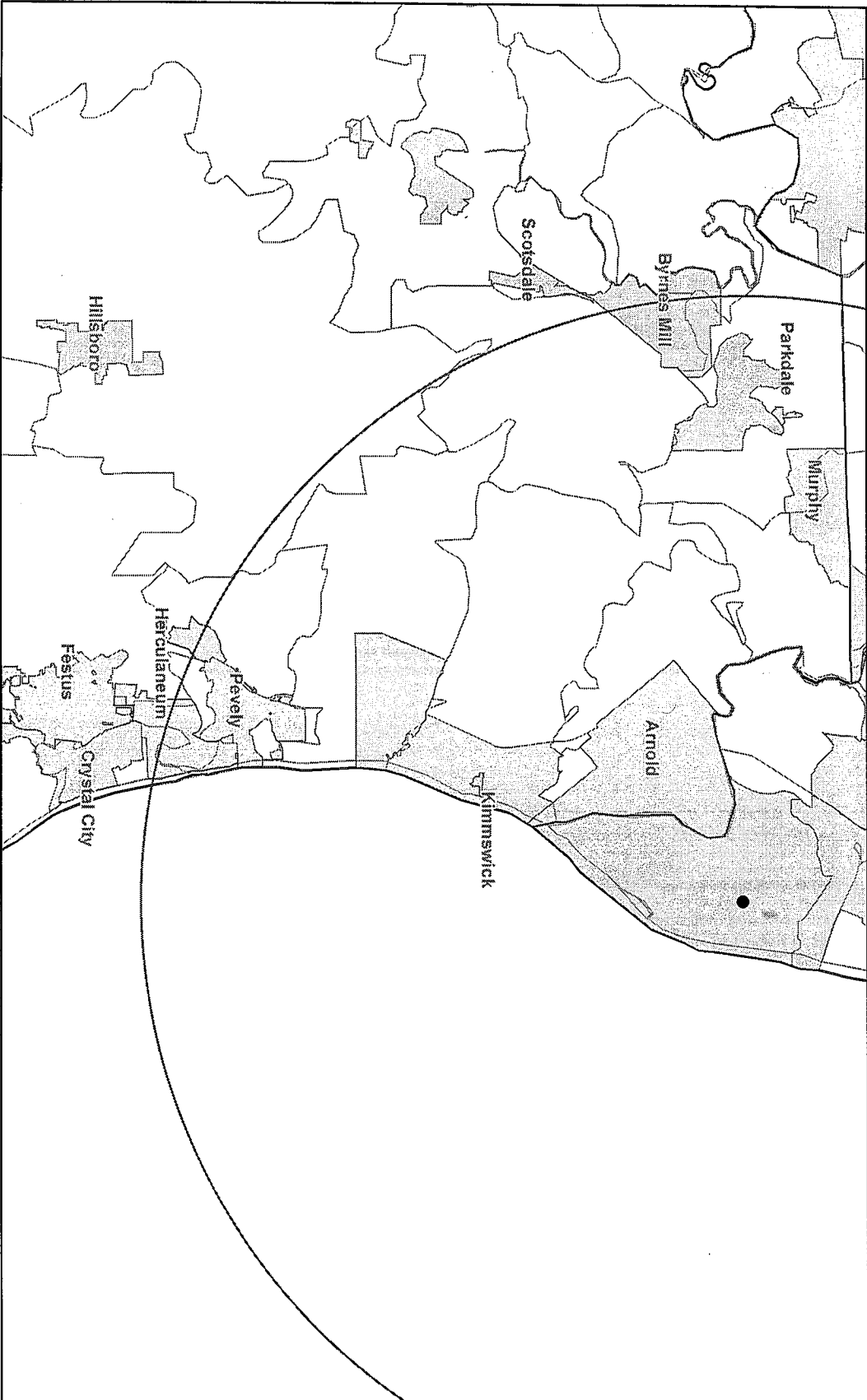
# CON 15 Mile Radius

Bethesda Southgate  
5943 Telegraph Road  
Oakville, Mo 63129



# CON 15 Mile Radius (City Map)

Bethesda Southgate  
5943 Telegraph Road  
Oakville, Mo 63129



ZIP	County	Total pop.	65+
63010	Jefferson	42,934	5,713
63011	St. LouisCo	38,931	6,109
63012	Jefferson	11,306	957
63017	St. LouisCo	40,635	8,646
63019	Jefferson	4,040	955
63021	St. LouisCo	58,784	5,133
63025	St. LouisCo	13,777	1,311
63026	St. LouisCo	43,596	3,607
63028	Jefferson	27,730	4,843
63048	Jefferson	2,851	917
63049	Jefferson	15,706	1,511
63050	Jefferson	15,501	1,826
63051	Jefferson	16,029	1,552
63052	Jefferson	24,180	2,054
63070	Jefferson	6,463	871
63088	St. LouisCo	10,782	1,266
63101	St. Louis City	1,306	348
63102	St. Louis City	2,198	183
63103	St. Louis City	3,847	727
63104	St. Louis City	19,475	1,412
63105	St. LouisCo	12,389	2,130
63106	St. Louis City	6,290	722
63107	St. Louis City	10,901	1,211
63108	St. Louis City	23,020	3,089
63109	St. Louis City	34,583	5,404
63110	St. Louis City	20,208	1,707
63111	St. Louis City	23,924	3,062
63112	St. Louis City	18,261	2,290
63113	St. Louis City	11,112	1,746
63115	St. Louis City	23,174	3,655
63116	St. Louis City	55,704	6,282
63117	St. LouisCo	8,370	1,473
63118	St. Louis City	32,091	2,342
63119	St. LouisCo	32,411	7,187
63120	St. Louis City	10,805	1,128
63122	St. LouisCo	34,990	7,763
63123	St. LouisCo	46,951	11,994
63124	St. LouisCo	9,140	2,880
63125	St. LouisCo	29,933	7,005
63126	St. LouisCo	13,696	3,676
63127	St. LouisCo	3,926	1,222
63128	St. LouisCo	28,557	6,802
63129	St. LouisCo	52,838	6,804
63130	St. LouisCo	32,684	4,014
63131	St. LouisCo	15,183	3,100
63132	St. LouisCo	12,101	2,171
63133	St. LouisCo	6,059	743
63139	St. Louis City	26,983	3,823
63141	St. LouisCo	18,649	4,013
63143	St. LouisCo	9,346	1,028
63144	St. LouisCo	8,056	1,315
63147	St. Louis City	15,610	1,650
<b>Total</b>		<b>1,088,016</b>	<b>163,372</b>

ZIP	County	City	Total pop.	65+
63010	Jefferson	Arnold city	21,227	3,436
63052	Jefferson	Arnold city	See Above	See Above
63049	Jefferson	Byrnes Mill city	3,402	345
63051	Jefferson	Byrnes Mill city	See Above	See Above
63019	Jefferson	Crystal City city	4,752	1,159
63019	Jefferson	Festus city	12,550	2,507
63028	Jefferson	Festus city	See Above	See Above
63019	Jefferson	Herculaneum city	4,177	1,080
63028	Jefferson	Herculaneum city	See Above	See Above
63048	Jefferson	Herculaneum city	See Above	See Above
63050	Jefferson	Hillsboro city	2,315	276
63052	Jefferson	Kimmswick city	113	31
63049	Jefferson	Parkdale village	196	34
63012	Jefferson	Pevely city	7,279	923
63070	Jefferson	Pevely city	See Above	See Above
63051	Jefferson	Scotsdale town	208	20
<b>Total</b>			<b>56,219</b>	<b>9,811</b>

Bethesda Long Term Care, Inc. is seeking Certificate of Need Approval from the Missouri Health Facilities Review Committee for the addition of 12 skilled nursing beds and 18 assisted living beds to its Bethesda Southgate community at 5943 Telegraph Road, Oakville, MO 63129. Comments or questions about this matter should be addressed to Richard D. Watters, Lashly & Baer, P.C., 714 Locust Street, St. Louis, MO 63101.



October 27, 2009  
Mr. Thomas R. Piper  
Director of the Missouri Certificate of Need Program  
P.O. Box 570  
Jefferson City, Mo 65102

Dear Mr. Piper,

I am writing on behalf of Bethesda Health Group more specifically the Bethesda Southgate Campus. Abbott EMS has proudly served the Bethesda communities for over 20 years as their provider of EMS care and transportation services. The partnership we share is to assist them in providing the best patient care possible to the residents that call Bethesda Southgate home. The compassion and knowledge that is displayed daily always impresses me. The environment that exists in that facility is one of consistency and professionalism. The staff treats everyone with respect and when our crews have been surveyed the response has been, "The nurses are always helpful and give good patient reports. They know what they are doing." Their flu shot programs are really something to see. Fine tuned machine is my best description. I believe that the surrounding community really embraces Southgate and I was very excited to hear that with this growth they can welcome in even more. Great organization to work with and we are always impressed with the care they provide in all of their facilities.

Sincerely,

A handwritten signature in black ink that reads "Tracey Swabby". The signature is fluid and cursive, with the first name "Tracey" and last name "Swabby" clearly distinguishable.

Tracey A. Swabby - EMT  
Abbott EMS / American Medical Response  
Central Region Director of Business Development  
(314) 393-4101



24/7 Helpline  
800.272.3900

www.alzstl.org

St. Louis Chapter  
9370 Olive Boulevard  
St. Louis, MO 63132

314.432.3422 p  
314.432.3824 f  
800.272.3900 t

Southeast Missouri Office  
2411 Abbey Road  
Cape Girardeau, MO 63701

573.332.8170 p  
573.332.8177 f  
800.272.3900 t

Illinois Office  
222 Goethe Avenue  
Collinsville, IL 62234

618.346.4073 p  
618.346.4075 f  
800.272.3900 t

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Jan Kraemer

##### Vice Chair, Treasurer

T. Jack Challis

Jo Ann Arnold

Morton Brown

Michael J. Hughes

Susan Kovacs

Robert M. Ventimiglia

##### Secretary

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B. Douglas Morriss

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Vickie Newton

Mark Schupp

Beverly White

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Ellen Simmons

Ann M. Steffen, Ph.D.

Ellen C. Weiss

#### President

Joan D'Ambrose

November 3, 2009

alzheimer's  association®

Mr. Thomas R. Piper, Director  
Certificate of Need Program  
P.O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

The Alzheimer's Association, St. Louis Chapter is pleased and honored to write this letter in support for the planned project at Bethesda Southgate. There is a growing need for rehabilitation and assisted living communities in south suburban Saint Louis. These levels of care afford residents the opportunity to return home as able or to reside in the most homelike setting possible when additional assistance is required. The Alzheimer's Association is always supportive of choices that expand the options available to the clients we serve and their families. Both elements proposed in the Southgate project are cost effective alternatives when skilled nursing is not required. Bethesda has a proud tradition of being very good corporate neighbors in the communities in which they are located.

As Director of the Alzheimer's Association Education Institute, my staff and I have had the privilege of interacting frequently with Bethesda Southgate staff during trainings, visits and in-services. They are deeply committed to providing their staff with the education and tools necessary to deliver person centered services to their residents. Their community service includes a very enthusiastic presence at the Annual Memory Walks that we sponsor to raise funds to cure Alzheimer's disease, but their community services go well beyond that as they host programs and offer an outlet for volunteerism. It is with confidence that I commend Bethesda Southgate and Christine E. Crouch, R.N., Vice President and Administrator and her committed staff at the Southgate facility for every consideration relative to the determination of need for rehabilitative and assisted living services. Our population of elders is living longer and experiencing more stages of wellness and illness. We need to rely on our most experienced providers to create the healing and quality lifestyle environments our elders demand and deserve.

Thank you for the opportunity to express this support.

Sincerely,

  
Janis McGillick, MA, LNHA  
Education Director

cc: Zoe Dearing  
Christine E. Crouch



**eldersupport**  
SERVICES, INC.

(p) 314.989.1000  
(e) ess301e@aol.com

November 3, 2009

Dear Mr. Piper,

I am a Geriatric Care Manager serving clients in St. Louis city and county. One aspect of my job is to advise clients regarding moving to facilities where they can receive the care they need at the most appropriate level. I have no association or affiliation with any organization, corporation, or facility. I am in independent practice and can recommend the places with which I feel most comfortable in terms of care, location, and other qualities and amenities.

I am writing this letter because I heartily support the expansion of services at Bethesda Southgate. It is an excellent facility now, but is usually at full capacity when I call to find a place for clients needing Medicare skilled nursing and therapy. I have had to refer to other facilities when I would have preferred the excellent care at Bethesda Southgate. Before my seven years of geriatric care management, I worked in skilled nursing, assisted living, and rehabilitation so I recognize excellence in nursing care, particularly as provided in a long term setting. Ms Crouch and her staff provide excellent care delivered with kindness and compassion.

Within the last two months, I had to steer a client and his family to another facility in south county for assisted living when I would have encouraged them to consider Bethesda Southgate had they offered assisted living. There are many older people who need the oversight and help with their activities of daily living, but do not need the nursing care provided in a nursing home. Assisted living fills this need while allowing the residents a social atmosphere and emphasis on retaining as much independence as possible.

As the baby boomers age, the need will only increase. I hope Bethesda Southgate gets the support necessary to expand the services they provide. Thank you for whatever you can do to help, Mr. Piper.

Sincerely,

Ursula Shaner, BSN, RN



**eldersupport**  
SERVICES, INC.

Ursula Shaner, RN, BSN  
Geriatric Care Manager

(p) 314.989.1000  
(e) ess301e@aol.com

539 Virginia  
St. Louis, MO 63119

Member of the National  
Association of Professional  
Geriatric Care Managers



539 Virginia, St. Louis, MO 63119



## Omnicare, Inc.

Gateway/Midwest Region  
345 Dunn Road  
Florissant, MO 63031  
314/921-4242  
800/844-6622  
314/921-3514 Fax

October 28, 2009

Missouri Certificate of Need Program  
Thomas R. Piper, Director  
P.O. Box 570  
Jefferson City, MO 65102

**RE: Bethesda Southgate**

Dear Mr. Piper:

I have had the pleasure of working with the Bethesda Health Group and their team at Southgate over the last four years, and I must say they are first class. A few characteristics that I feel make them stand out above the rest:

- **Longevity of the Administrative staff.** Chris Crouch, Administrator and Karen Zurick, Director of Nursing have been there for many years. Their commitment to Long Term Care and their residents contributes to their success.
- **Being pro-active, not re-active.** They are always looking for new and improved ways to service their clients. They don't wait for annual survey, there is on going Quality Assurance meetings. Also, they are leaders in the industry with electronic medical records and person centered care.
- **Investing in employees.** They send their employees to seminars for training and educational support to ensure patient care. This contributes to the longevity of their staff and the satisfaction of their residents.
- **Patient Care.** When patients enter Southgate's Rehab care, their goal is to get them back on their feet and back home. Their success rate brings customers back when they need skilled care. If clients need professional support, but don't require skilled care, an assisted living facility on the Bethesda Southgate campus would be ideal. This will offer a continuum of care for the residents of south St. Louis County.

Please work with Bethesda Southgate so they can continue being leaders in the Assisted Living and Long Term Care industry.

Sincerely,

Amy Porter  
Director of Business Operations  
Interlock Pharmacy Systems

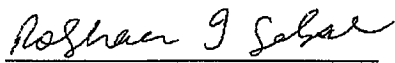
October 27, 2009

Missouri Certificate of Need Program  
Thomas R. Piper, Director  
P.O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I am writing this letter in support of the Southgate Project. I have many Residents I care for who go to Southgate. The new additions they are proposing will be a great benefit to my Residents, as well as the community.

Sincerely,

  
Roshan Sabar, M.D.

RS/dr



November 2, 2009

Missouri Certificate of Need Program  
Thomas R. Piper, Director  
P.O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper,

I am writing this letter to express my support for the Southgate Project expansion of their assisted living bed capacity. Bethesda Health Group and Bethesda Southgate have been leaders in the South County area for providing services to seniors both in the community and those residing in their facilities through the variety of services offered such as home care, skilled nursing care, assisted living and independent apartments for seniors. Our outpatient senior clinic and Long Term Care physicians' group work closely with the staff of Bethesda in providing services to the residents residing in their skilled care nursing home.

With the growing demand of services for seniors and the elderly population in our area, we support the steps that Bethesda Health group is taking in meeting the demands of the community by increasing the number of assisted beds available for those choosing to reside in a setting where they can easily access services needed and age in place.

If you have any questions or would like to speak more on this issue, please feel free to contact me at (314) 651-6139.

Sincerely,

A handwritten signature in cursive script that reads "Eleonora Sicola".

Eleonora Sicola R.N., B.S.N.  
Director – Senior Services/Wound Center/SS Transportation

5030 Ringer Road  
St. Louis, Missouri 63129-1675  
October 31, 2009

Dear Director Piper,

This letter is in support of the Southgate Project. As a member of the Deaconess Parish Nurse Ministries and the St. Louis Parish Nurse Network plus serving over forty years as a Registered Nurse and a Faith Community Nurse (FCN) Bethesda Assisted Living beds are needed on the campus so that Southgate can provide these needed services for our aging community. I have been closely associated with Bethesda Southgate for the past four years and recognized the need for an assisted living facility long ago to help keep elders out of the nursing home. As a FCN I have visited many nursing home residents in St. Louis and Jefferson County area plus many people in their homes and hospital and recognize good care. That is why I chose Bethesda Southgate to care for a loved one.

Bethesda Southgate is a well-run good facility with a very caring, compassionate, professional staff. I visit Southgate often as many church members reside there. As my cousin's, power of attorney I chose Bethesda Southgate when Gladys no longer could think and care for herself. Then I began visiting the facility at least twice a week I have spent hours with Glad, eating with her, helping the staff care for her when she was really sick. From the first nurse on the skilled nursing floor to the hospice nurse, the good cooks, the activity staff, the many, many nurses and their assistants who work around the clock, I've seen them all or at least many of them, the social workers, the chaplain, Ruth Ann, the church lady/receptionist and friend, the physical therapist and oh yes Chris Crouch, the administrator – they became family. They attended to her needs and mine. I wanted a caring facility for Gladys and to this day my heart is filled with gratitude for the care and the love they gave her. This small blip cannot say enough about the care she received and what these people do on a daily basis.

Bethesda Southgate also is also a very visible part of the community offering many community services from flu shot clinics to special celebrations for Fourth of July, Easter, and Christmas etc. Their campus is immaculate. They offer the opportunity for many church and community members to volunteer and play an integral part in this community.

Recently, we went out for dinner with out-of-state friends. They brought their mother with them who lives in the independent Bethesda apartments. They are researching assisted living facilities. It was evident in our short visit that her memory was gone and needed more help. This is just one small incident of the need for an assisted living facility at Bethesda. Thank you for your kind and immediate attention.

Sincerely,  
Georgia Zimmerman R.N. MPH/MSN  
Faith Community Nurse at St. Paul's UCC in Oakville, Missouri



November 5, 2009

Missouri Certificate of Need Program  
Thomas R. Piper, Director  
P.O. Box 570  
Jefferson City, MO

Dear Mr. Piper:

The purpose of this letter is to inform you of my support for the renovation of Bethesda Southgate and the addition of an assisted living program,

The leadership of Bethesda Southgate has been supportive of Nazareth Living Center when in need and in collaboration for the development of planning for the community served by both organizations.

If you need additional information, do not hesitate to contact my office, 314-649-4645.

Sincerely

Lola (Lu) J. Westhoff  
CEO/Administrator



National  
Multiple Sclerosis  
Society  
Gateway Area Chapter

November 3, 2009

Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P.O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper,

We would like to express our support for the Bethesda Southgate Project. Adding assisted living beds will greatly compliment the existing critical services offered by Bethesda to help meet the need for high quality services to their future residents. This additional capacity will not only benefit clients who are living with MS, but will also provide very needed services for the larger community in need of assisted living care.

If you have any questions or need to speak with me, please feel free to contact me at (314) 446-4163.

Sincerely,

Phyllis Robsham  
President  
Gateway Area Chapter



13400 Lakefront Dr.  
Earth City, MO 63045  
314-291-2900/800-736-2115  
Fax: 314-298-7957

Arizona • Connecticut • Guam • Illinois • Indiana • Kansas • Louisiana • Missouri • Texas • Utah • Wisconsin

November 16, 2009

Missouri Certificate of Need Program  
Thomas Piper, Director  
P.O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper,

I am writing in support of Bethesda Southgate located at 5943 Telegraph Road, St. Louis, Missouri. I believe that by the facility adding assisted living beds, they will be able to provide a level of care that is needed in that area.

I have had the pleasure of working with Bethesda Southgate for over 13 years. They have always provided a very high level of care in their facility. The management and staff show a wonderful attitude towards caring for the resident and family alike. They continue to help the local community in many ways.

Sincerely,

Lisa M. Calliott  
Regional Account Manager

October 29, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

This letter is to inform you that I am in support of the planned expansion project at Southgate. My father is a current resident of Southgate so I know first hand about the care given at Southgate.

I believe that the South County community would be enhanced by another type of care provided at the Southgate campus.

Again I support the new services that are planned in the Southgate project.

Sincerely,

*Trudy Hall*

November 1, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I wanted to let you know that I support the planned expansion at Bethesda Southgate. I have heard in the community that the plan is to add assisted living. I think this would be very beneficial to the seniors in the South County Community.

Southgate has been provided many opportunities for community outreach in the area and additional services that this company can provide would be great for the community.

Thank you

A handwritten signature in cursive script, reading "Barbara Ponder". The signature is written in dark ink and is positioned below the "Thank you" text.

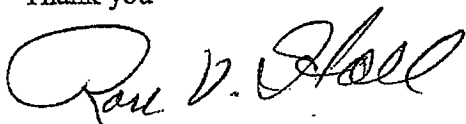
October 29, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

This letter is to inform you that I am in support of the planned expansion project at Southgate. I have a husband at Southgate and he has received exceptional care. I spend a lot of time at Southgate and the organization is very well respected in the community. The addition of another level of care would be very helpful to many families in the South County Community.

Thank you

A handwritten signature in cursive script, appearing to read "Paul D. Hall".

October 31, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

My wife is a resident living at Bethesda Southgate. I understand that there is a planned expansion for assisted living beds. I choose Southgate for my wife because they have a great reputation in the community here in South County.

Any services that Southgate provides will be a help to the surrounding community.  
I would like to add my support to this project.

Thank you

*John Goehler*  
*2527 England Town Rd.*  
*St. Louis, MO. 63129*

October 30, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

This letter is to inform you that I am in support of the planned expansion project at Southgate. My mother was a resident of Southgate. She had the opportunity to experience more than one level of care. She was very well cared for and really was happy at the nursing home.

The addition of an assisted living program would add another place for people like my mother to be cared for when they can no longer stay in their home.

Again I support the new services that are planned in the Southgate project.

Sincerely,

Judy Youngblood  
4370 H Chateau De Ville  
St. Louis, Mo 63129

October 29, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I am writing to let you know how happy I was to hear that Bethesda Southgate is proposing an expansion to their lovely campus in Oakville, Mo. My mother is a current Resident at Bethesda Southgate.

I understand that this Project will add Assisted Living beds. This improvement will not only enhance the level of care already provided to current Residents, but will offer an additional option for health care to the members of the South County and surrounding communities and will help create new job prospects.

Thank you for considering this wonderful Project.

Sincerely,

*Margaret Schluter*

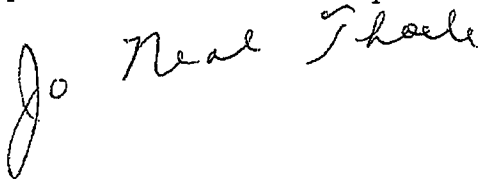
November 3, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I live at Bethesda Southgate. I would like to add my support to the planned expansion of Assisted Living services at Southgate.

Again I support the new services that are planned in the Southgate project.

Sincerely, 

November 2, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I am currently living at Bethesda Southgate. Nobody really wants to go to a nursing home but I am pretty happy here. I would like to add my support to the planned expansion of Assisted Living services at Southgate.

Sincerely,

Everette M. Huegerich

October 29, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I am a current resident at Bethesda Southgate. I would like to add my support to the planned expansion of Assisted Living services at Southgate.

Some of the people at the nursing home could probably be happier if they were in an assisted living apartment instead of the nursing home.

Again I support the new services that are planned in the Southgate project.

Sincerely,

*Norman J. Hall*

### **Divider III. Service Specific Criteria and Standards.**

**1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.**

Not applicable.

**2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.**

$$\text{Unmet Need} = [(R \times P) - U]$$

$$R = 16/1,000$$

$$P = 2015 \text{ population age 65 and older in 15 mile radius} = 128,422$$

$$U = \# \text{ of RCF and ALF beds in 15 mile radius} = 2953 \text{ (facilities list attached).}$$

The 65+ population and facilities list were approved by Donna Schuessler, Health Planning Specialist with the Missouri Health Facilities Review Committee.

$$[(.016 \times 128,422) - 2953] = - 898 \text{ beds}$$

However, the Committee has proposed, and is considering, increasing the rate of RCF/ALF beds per 1,000 individuals age 65 and over from 16 to 25. Applicant contends that a rate of 25 ALF/RCF beds per 1,000 individuals age 65 and over more accurately reflects the need for these services in Missouri:

$$[(.025 \times 128,422) - 2953] = \mathbf{258 \text{ beds needed}}$$

**3. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.**

Not applicable.

**4. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS), provide information to justify the need for the type of beds being proposed.**

Not applicable.

**Bethesda Southgate, ALF/RCF beds within 15 miles of project site:**

<b>FACILITY</b>	<b># ALF BEDS</b>	<b># RCF BEDS</b>
Cori Manor		22
Affton House (closed)	n/a	n/a
Alexian Bros Sherbrooke Vill		88
Applegate Retirement Home		38
Ashfield Activing Living & W	30 (approved)	
Brentmoor Ret. Community	36	
Cape Albeon	100	
Fountain View	55 (approved)	
Fountain View	78	
Green Park Res Ctr (closed)	n/a	n/a
KF Jammer Manor West		45
Laclede Commons		260
LSS at Meramec Bluffs	80	20
LSS at Richmond Terrace		99
MacKenzie Place at Deer Creek	77 (approved)	
McKnight Place	110	
Mother of Perpetual Help	160	
Nazareth Living Center	150	
Reavis Road Senior Living	62 (approved)	
Sienna House		16
Sunrise Webster Groves	132 (approved)	
Sylvan House		40
Tesson Heights		72
Atkins Health Care		22
Allways Kare Res Facility		20
Benedict Joseph Labre Ctr		15
Carondelet Ret home		33
Carrie Elligson Geitner		28
Charless Home	16	

Chateau Ann Marie		22
Doorways Supportive Housing		36
Dubourg House		69
Elizabeth Place	20 (approved)	
Holly Hills Ret Home		15
Hopewell Group Home		12
Lindell Manor		24
Loving Care Home		111
Mary Ryder Home		80
Ms B's Blessings	6	
Newstead Place		20
Oasis Res Care West II		20
Oasis Res Facility		20
Page Manor	49	
Provision Living of StL Hills		222
Provision of Promise		20
The Riverview		11
Saddler Res Care Facility II	24	
Silver Spur	34	
St Elizabeth Hall	50	
Superior Res Care		30
The Central Residence		41
Union Manor RCF		52
West Pine Group Home		12
Wilbar Boarding Home		49
Total	1269	1684
<b>TOTAL</b>		<b>2953</b>

#### **Divider IV. Financial Feasibility Review Criteria & Standards.**

**1. Document that the proposed costs per square foot are reasonable when compared to the latest RS Means Construction Cost data.**

The cost per square foot of the assisted living project (\$177) is slightly above the RS Means Construction Cost data for assisted living facilities in the St. Louis area (\$166.70). The slightly higher cost is attributable to the project's state-of-the-art furnishings for each resident room, as well as the brick-veneer steel-framed structure (as opposed to a wood-framed structure). This structure was chosen in order to meet the 2006 life safety code.

**2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funding is available.**

As evidenced in the balance sheet dated June 30, 2009, the corporation has sufficient assets available to fund the project. The company holds approximately \$62 million of investments which can be used to fund the project (Assets limited to use, \$10,215,864; plus Assets limited to use, net of amount required to meet current obligations, \$51,912,271).

**3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected three (3) years beyond completion.**

Attached.

**4. Document how patient charges were derived.**

Patient charges are based on market analysis and rates charged by Applicant's sister facility.

**5. Document responsiveness to the needs of the medically indigent.**

Bethesda Long Term Care, Inc. strives to meet the needs of the medically indigent. Applicant has a history of giving, and has a program for helping residents who need care but cannot afford it. Applicant has never turned away a resident who has exhausted his or her financial resources. In the past 3 years, Applicant has provided \$20,887,700 of financial aid to residents who needed assistance. A copy of Applicant's financial assistance policy is also attached.

**BETHESDA HEALTH GROUP, INC.  
AND SUBSIDIARIES**

**Combined Balance Sheets  
June 30, 2009 and 2008**

<b>ASSETS</b>		
	<u><b>2009</b></u>	<u><b>2008</b></u>
Current assets:		
Cash and cash equivalents	\$ 1,402,990	1,022,316
Assets limited as to use	10,215,864	11,457,552
Service accounts receivable, net of the estimated allowance for uncollectible accounts of \$875,000 for 2009 and 2008	5,886,436	2,726,800
Other current assets	<u>1,232,804</u>	<u>1,093,687</u>
Total current assets	<u>18,738,094</u>	<u>16,300,355</u>
Assets limited as to use, net of amount required to meet current obligations	51,912,271	77,273,503
Property, plant and equipment, net	100,080,586	91,628,299
Other assets	<u>1,228,053</u>	<u>1,249,213</u>
Total assets	<u><u>\$ 171,959,004</u></u>	<u><u>186,451,370</u></u>
 <b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Current maturities of long-term debt	1,120,000	1,060,000
Accounts payable	2,145,278	1,744,944
Accrued expenses	4,879,202	4,943,766
Other current liabilities	<u>2,071,384</u>	<u>3,708,842</u>
Total current liabilities	<u>10,215,864</u>	<u>11,457,552</u>
Long-term debt, less current maturities	67,370,000	68,490,000
Life residents' fees	37,762,658	37,962,761
Other liabilities	<u>12,439,916</u>	<u>5,617,064</u>
Total liabilities	<u>127,788,438</u>	<u>123,527,377</u>
Net assets - unrestricted		
Unrestricted	44,170,566	61,572,096
Temporarily restricted	<u>-</u>	<u>1,351,897</u>
Total net assets	<u>44,170,566</u>	<u>62,923,993</u>
Total liabilities and net assets	<u><u>\$ 171,959,004</u></u>	<u><u>186,451,370</u></u>



# Certificate of Need Program

## SERVICE-SPECIFIC REVENUES AND EXPENSES

### Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion

(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.)

	Year		
	2011	2012	2013
<b>Amount of Utilization:*</b>	1,095	3,285	5,256
<b>Revenue:</b>			
Average Charge**	\$145	\$149	\$153
Gross Revenue	\$158,775	\$491,009	\$804,168
Revenue Deductions	8,823	27,192	44,676
Operating Revenue	149,952	463,817	759,492
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$149,952</b>	<b>\$463,817</b>	<b>\$759,492</b>
<b>Expenses:</b>			
Direct Expense			
Salaries	151,000	311,000	387,000
Fees	0	0	0
Supplies	38,000	78,000	97,000
Other	0	0	0
<b>TOTAL DIRECT</b>	<b>\$189,000</b>	<b>\$389,000</b>	<b>\$484,000</b>
Indirect Expense			
Depreciation	87,000	175,000	175,000
Interest***	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$87,000</b>	<b>\$175,000</b>	<b>\$175,000</b>
<b>TOTAL EXPENSE</b>	<b>\$276,000</b>	<b>\$564,000</b>	<b>\$659,000</b>
<b>NET INCOME (LOSS):</b>	<b>-\$126,048</b>	<b>-\$100,183</b>	<b>\$100,492</b>

\* Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\* Indicate how the average charge/procedure was calculated.

\*\*\* Only on long term debt, not construction.

\*\*\*\* Indicate how overhead was calculated.

**BETHESDA HEALTH GROUP, INC.  
CORPORATE  
POLICY AND PROCEDURE**

**DEPARTMENT:** Administration  
**SUBJECT:** Financial Assistance

**PAGE NO.:** 1 of 3  
**EFFECTIVE DATE:** 09/95  
**REVISED:** 11/03

---

**PURPOSE:**

To clearly establish the guidelines for providing financial assistance to those residents who demonstrate the need.

**SCOPE:**

Level 1 Policy affecting all residences/services within Bethesda Health Group, Inc. and its affiliates ("Bethesda").

**RESPONSIBILITY:**

It is the primary responsibility of the Administrators/General Managers to initiate this Policy/Procedure.

The Financial Assistance Committee of Bethesda Health Group, Inc. will be responsible for the implementation.

**POLICY:**

Directed by the Corporate Resolution of Bethesda Health Group, Inc., dated September 29, 1995, reaffirmed and modified on June 24, 1999, the Corporation resolves to provide charitable assistance to those seeking or receiving services from a Bethesda affiliated corporation who are unable to pay, or to continue to pay, the full cost of such services. "Charitable assistance" shall be known as "financial assistance" to eliminate the stigma of the word "charity" to the individuals requesting financial assistance. (Minutes of Financial Assistance Committee, February 8, 2000)

**PROCEDURE:**

The following procedure is adopted from the "Procedure for Implementation of Charitable Assistance Policy" approved by the Directors of Bethesda Health Group, Inc. on June 24, 1999.

**ADMISSION:**

- I. During the process of familiarizing a prospective resident or patient (hereinafter referred to as "a prospective resident") with a residence operated by Bethesda, or during the admission process, the person conducting such familiarization or process shall indicate to the prospective resident that Bethesda has a Financial Assistance Policy available, should the prospective resident be unable to pay the full charges of such residence.
- II. In the event that the prospective resident wishes to apply for financial assistance, the prospective resident should be given an Application for Financial Assistance (sample attached) and asked to complete and return the Financial Information Section. The application, together with such further information as the applicant may be requested to supply. The application must be complete in order to be processed.

**DEPARTMENT:** Administration  
**SUBJECT:** Financial Assistance

**PAGE NO.:** 2 of 3  
**EFFECTIVE DATE:** 09/95  
**REVISED:** 11/03

- III. Upon return of the Financial Information Section, and such other information as may have been requested (hereinafter collectively referred to as the "Application"), the person having primary responsibility for the day-to-day management (hereinafter the "Manager") of Bethesda's residence/service from which charitable assistance has been requested, shall review the Application and make a preliminary determination of the need of such prospective resident for financial assistance and shall make a recommendation of the nature and amount of financial assistance to be provided. If the Manager shall determine that, by reason of the extent of the assets and income of the prospective resident, financial assistance is not appropriate, the recommendation of such Manager shall be that financial assistance not be offered, and the reason for such recommendation shall be stated.
- IV. The Application of a prospective resident of a senior living facility or skilled nursing facility operated by Bethesda and the recommendation of the Manager of such facility shall be forwarded to the Vice President – Senior Living Division, or to the Vice President - Long Term Care Division, as appropriate, for his/her recommendation.

An application submitted by persons seeking financial assistance from a Bethesda corporation which does not provide senior living nor skilled nursing services, and the recommendation of the Manager of such corporation, shall be forwarded to the Vice President designated by the President and Chief Executive Officer. Such Vice President shall determine whether or not he/she concurs with such recommendation, and if not, he/she shall make his/her own recommendation.

- V. All Applications for financial assistance, and the recommendations with respect to such Applications, shall be presented to the next meeting of the Financial Assistance Committee of Bethesda Health Group, Inc., and the final determination shall be made by the Financial Assistance Committee of the amount and nature of the charitable assistance, if any, to be offered.

The determination of the Financial Assistance Committee shall be communicated to the Manager of the Bethesda facility or corporation from which financial assistance was sought, and such Manager shall communicate such determination to the party seeking financial assistance using the approved notification letter (See I. under Approval Notification).

#### **CURRENT RESIDENTS:**

- I. In the event that a current resident of Bethesda, shall, at any time, indicate an inability to continue to pay the full costs of the services being provided to such resident, the procedure described above shall be followed to determine the financial assistance, if any, to be provided to such resident.

#### **APPROVAL NOTIFICATION:**

- I. After approval by the Financial Assistance Committee the resident and/or family will be notified through a standardized notification letter (sample attached) which is generated by the Administrator/Manager of the facility.

**DEPARTMENT:** Administration  
**SUBJECT:** Financial Assistance

**PAGE NO.:** 3 of 3  
**EFFECTIVE DATE:** 09/95  
**REVISED:** 11/03

---

**DOCUMENTATION:**

- I. A secretary, appointed by the Financial Assistance Committee, will record minutes of all meetings of the Committee.
- II. A listing of all residents receiving financial assistance will be maintained by the Secretary and housed in the same document as the minutes.
- III. An annual review of the list will be done to validate its continued accuracy.

**MEETINGS:**

- I. Meetings will be called as the need is demonstrated.
- II. At a minimum, an annual meeting will be held to review the past year's activities and verify the committee records.

**APPROVAL:**

This Policy is approved by:

Shared File Copy Only Copy of signed policy available in Corporate Policy Manual or at Corporate Office
---

---

John W. Rowe  
President and Chief Executive Officer

**BETHESDA HEALTH GROUP, INC.**  
**LONG TERM CARE DIVISION**  
**FINANCIAL ASSISTANCE REQUEST FORM**

Resident's Name: \_\_\_\_\_ Guarantor's Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Assets: \_\_\_\_\_

Social Security:	\$ _____	Home Value:	\$ _____
Pension 1:	\$ _____	Stocks / Bonds:	\$ _____
Pension 2:	\$ _____	Cash/ Equivalents:	\$ _____
Other Income:	\$ _____	Real Estate:	\$ _____
Family Support:	\$ _____	Other:	\$ _____
<b>Total:</b>	<b>\$ _____</b>	<b>Total:</b>	<b>\$ _____</b>

Check here if spouse or other dependent(s) living in home listed above: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only:**

Would Resident appear to qualify for Medicaid? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please attach Statement of Financial Condition of Applicant**

Level of Care:	_____
Original Date of Admission:	_____
Monthly Rate:	\$ _____
3 Mo. Avg. Ancillaries:	\$ _____
Avg. Monthly Cost:	\$ _____
Resident Monthly Income:	\$ _____
Family Supplement:	\$ _____
Medicaid Cash Grant:	\$ _____
Total Income:	\$ _____

Financial Assistance Required: \$ \_\_\_\_\_

Committee Approval: YES \_\_\_\_\_ NO \_\_\_\_\_

Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 11/03

Date

Name  
Address  
City, State Zip

RE: Name of applicant

Dear:

I am pleased to report that the Bethesda Health Group Financial Assistance Committee has reviewed applicant's name application for assistance. The Committee has agreed to assist applicant's name so that he/she will be allowed to continue his/her stay at Bethesda name of residence.

At this time, we can make no guarantee as to the length of time this assistance will be available. In the event that we are unable to continue this assistance we will work with you to the best of our ability.

As responsible party for applicant's name, we require that you continue to partially pay for applicant's name with his/her funds such as Social Security, pensions and other income services. If applicant's name's circumstances should change in that he/she is able to pay for more or all of his/her care, we will expect these additional funds be used for his/her stay at Bethesda name of residence.

If these terms are acceptable to you, please sign where indicated below. I look forward to our continued relationship and please do not hesitate to contact me if you have any questions.

Sincerely,

Administrator/General Manager

I, \_\_\_\_\_, agree to the above terms in relation to applicant's name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date

Name

Address

City, State Zip

RE: Name of applicant

Dear:

The Bethesda Health Group Financial Assistance Committee has reviewed your Financial Assistance Request for applicant's name. The Committee considered the request carefully but was unable to approve Financial Assistance for applicant's name.

There may be other options available and we will assist you, if needed, in finding the best alternative for you or your loved one. Please let me know if there is anything further with which I may assist you.

Sincerely,

Administrator/General Manager

cc: File

**CAPITOL OFFICE**

201 West Capitol Avenue  
Jefferson City, MO 65101-6806  
Tele: (573) 751-9804  
Fax: (573) 526-4767  
sue.schoemehl@house.mo.gov



**DISTRICT OFFICE**

2629 Bluff Ridge Drive  
St. Louis, MO 63129  
(314) 846-7713

#4442 RS

**SUE SCHOEMEHL**

State Representative  
District 100

**CERTIFICATE OF NEED PROGRAM**

**JAN 28 2010**

**RECEIVED**

January 21, 2010

Mr. Thomas R Piper, Director  
Certificate of Need Program  
Missouri Health Facilities Review Committee  
Post Office Box 570  
Jefferson City, MO 65102

Re: Bethesda Southgate; Project #4442RS  
Establish Eighteen (18) Assisted Living Facility Beds

Dear Mr. Piper:

This letter is in support of Bethesda Southgate's request to establish eighteen (18) assisted living facility (ALF) beds on their campus. This small new unit will allow Bethesda to provide a continuum of care [independent living, adult day care, ALF and Skilled Nursing Facility (SNF)] without the expense of building a large freestanding ALF only facility.

Since acquisition of the Southgate facility in the late 1990s Bethesda has continuously applied their values of integrity, dignity, diversity, generosity and quality to that campus. Their generosity is evident in that Bethesda provides \$6-7M annually for charity care. Bethesda has never discharged a resident from any of their facilities if they are unable to pay. Their Joint Commission accreditation is a testimony to their commitment to quality along with the fact they voluntarily use an independent survey program to do satisfaction surveys of their residents, resident families and employees. They have enjoyed high scores on all their surveys. I visit the Southgate campus regularly, attending their functions that celebrate their residents and know, firsthand, that they have a quality facility.

It is my belief there is a need for a quality assisted living facility in the community served by Southgate; I support the direction Bethesda Health Group is taking for the senior citizens of the St. Louis area. For this reason I am asking that you approve this project.

Sincerely,

*Sue Schoemehl*

Sue Schoemehl  
District 100

**COMMITTEES**

Higher Education • Retirement  
Special Standing Committee on Professional Registration and Licensing



**CAPITOL OFFICE**

STATE CAPITOL, ROOM 428  
JEFFERSON CITY, MO 65101  
TELEPHONE (573) 751-2315  
FAX (573) 751-1735  
JLEMBKE@SENATE.MO.GOV



**DISTRICT OFFICE**

5714 S. LINDBERGH BLVD.  
ST. LOUIS, MO 63123  
TELEPHONE (314) 849-0089

**MISSOURI SENATE**

JEFFERSON CITY

**JIM LEMBKE**

1ST DISTRICT

CERTIFICATE OF NEED PROGRAM

JAN 21 2010

RECEIVED

January 19, 2010

Thomas R. Piper, Director  
Certificate of Need Program  
MO Health Facilities Review Committee  
P.O. Box 570  
Jefferson City, MO 65102

RE: Bethesda Southgate #4442RS  
18 Assisted living beds

Dear Mr. Piper:

This letter is to advise that I am in support of Bethesda Southgate's request to establish 18 assisted living facility (ALF) beds on their campus. This small new unit will allow Bethesda to provide a continuum of care, ALF and Skilled Nursing Facility (SNF) without the expense of building a large, freestanding ALF-only facility.

Since acquiring the Southgate facility in the late 1990s, Bethesda has continuously applied their values of integrity, dignity and diversity, generosity and quality to that campus. Their generosity is evident in their providing of \$6-7 million in charity care. Bethesda has never discharged a resident from any of their facilities for inability to pay. Their Joint Commission accreditation is a testimony to their commitment to quality as well as the voluntary independent survey conducted to measure the satisfaction of their residents, families and employees. The facility received high scores on all the surveys. I have personally visited both Southgate SNF and Terrace Independent Living communities, spoke with residents and staff, who expressed their satisfaction with the facility and its services.

There is a definite need in our community for quality assisted living facilities which Southgate would provide. I appreciate your prompt consideration of their application and urge you to approve their project.

Sincerely,

  
Senator Jim Lembke

*"Serving the people of Missouri's 1st District"*

CERTIFICATE OF NEED PROGRAM

NOV 03 2009

RECEIVED

November 3, 2009

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

I live at Bethesda Southgate. I would like to add my support to the planned expansion of Assisted Living services at Southgate.

Again I support the ~~new~~ services that are planned in the Southgate project.

Sincerely,

*Norman W. Hall*

October 29, 2009

CERTIFICATE OF NEED PROGRAM

NOV 03 2009

RECEIVED

Mr. Thomas R. Piper, Director  
Missouri Certificate of Need Program  
P. O. Box 570  
Jefferson City, MO 65102

Dear Mr. Piper:

This letter is to inform you that I am in support of the planned expansion project at Southgate. I have a husband at Southgate and he has received exceptional care. I spend a lot of time at Southgate and the organization is very well respected in the community. The addition of another level of care would be very helpful to many families in the South County Community.

Thank you

*Rose V. Hall*

*Rose V. Hall  
4948 Crosswood DR  
St. Louis, Mo 63129*

*Please keep me informed*